

## TACTICAL RESPONSE REPORT/Chicago Police Department

MEMBER INVOLVED		1. DATE OF INCIDENT <b>06-JUN-2014</b>		TIME <b>23:23:00</b>		2. ADDRESS OF OCCURRENCE <b>9301 S WALLACE ST CHICAGO, IL 60620</b>				3. LOCATION CODE <b>304</b>		4. BEAT/OCCUR <b>2223</b>																																									
		5. POSITION <b>9161</b>		6. LAST NAME <b>BENTLEY</b>		7. FIRST NAME <b>JOEL A</b>		8. STAR NO. <b>13297</b>		9. SEX <input checked="" type="checkbox"/> 01 M <input type="checkbox"/> 02 F		10. RACE CODE <b>WHI</b>		11. AGE <b>511</b>		12. HT. <b>198</b>																																					
SUBJECT INFORMATION		14. DATE OF APPT. <b>25-OCT-1999</b>		15. EMPLOYEE NO. <b>[REDACTED]</b>		16. UNIT & BEAT OF ASSIGNMENT <b>312 6728A</b>		17. DUTY STATUS <input checked="" type="checkbox"/> 01 On <input type="checkbox"/> 02 Off		18. MEMBER INJURED? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No		19. MEMBER IN UNIFORM? <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No																																									
		20. LAST NAME <b>SHABAZZ</b>		21. FIRST NAME <b>MALIK</b>		22. M.I. <b>[REDACTED]</b>		23. SEX <input checked="" type="checkbox"/> 01 M <input type="checkbox"/> 02 F		24. RACE <b>BLK</b>		25. D.O.B. <b>[REDACTED]</b>		26. HT. <b>506</b>		27. WT. <b>230</b>																																					
REASON FOR USE OF FORCE (Check all that apply)		28. ADDRESS <b>[REDACTED]</b>		29. TELEPHONE NO. <b>[REDACTED]</b>		30. WAS SUBJECT ARMED? FIREARM - SEMI-AUTOMATIC <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No				31. SUBJECT INJURED? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No		32. SUBJECT ALLEGED INJURY? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No																																									
		33. WHERE WAS MEDICAL TREATMENT OBTAINED? <b>[REDACTED]</b>		34. BY WHOM? <b>[REDACTED]</b>		35. CONDITION <input checked="" type="checkbox"/> 03 Hospitalized <input type="checkbox"/> 01 Apparently Normal <input type="checkbox"/> 02 Under Influence <input type="checkbox"/> 04 Not Hospitalized <input type="checkbox"/> 05 Refused Medical Aid				36. CHARGES PLACED <b>***** PLEASE SEE NEXT PAGE *****</b>																																											
WEAPON DISCHARGE INCIDENT		38. <input type="checkbox"/> DNA		39. <input type="checkbox"/> DNA		37. CB NO. <b>18909736</b>		IR NO. <b>[REDACTED]</b>		DNA <input type="checkbox"/>																																											
		SUBJECTS ACTIONS		MEMBER'S RESPONSE		PASSIVE REGISTER		ACTIVE REGISTER		ASSAULT: ASSAULT		ASSAULT: BATTERY		ASSAULT: DEADLY FORCE																																							
CASE INFO.		DID NOT FOLLOW VERBAL DIRECTION <input checked="" type="checkbox"/>		STIFFENED (DEAD WEIGHT) <input type="checkbox"/>		OTHER <b>[REDACTED]</b>		FLED <input type="checkbox"/>		PULLED AWAY <input type="checkbox"/>		OTHER <b>[REDACTED]</b>		IMMINENT THREAT OF BATTERY <input checked="" type="checkbox"/>		OTHER <b>[REDACTED]</b>		ATTACK WITH WEAPON <input checked="" type="checkbox"/>		ATTACK WITHOUT WEAPON <input type="checkbox"/>		OTHER <b>[REDACTED]</b>		USES FORCE LIKELY TO CAUSE DEATH OR GREAT BODILY HARM <input checked="" type="checkbox"/>		WEAPON <input checked="" type="checkbox"/>		OTHER <b>FIRED WEAPON AT R/O</b>																									
		MEMBER PRESENCE <input checked="" type="checkbox"/>		VERBAL COMMANDS <input checked="" type="checkbox"/>		ESCORT HOLDS <input type="checkbox"/>		WRISTLOCK <input type="checkbox"/>		ARMBAR <input type="checkbox"/>		PRESSURE SENSITIVE AREAS <input type="checkbox"/>		CONTROL INSTRUMENT <input type="checkbox"/>		OC/CHEMICAL WEAPON W/AUTHORIZATION <input type="checkbox"/>		OTHER <b>[REDACTED]</b>		OPEN HAND STRIKE <input type="checkbox"/>		TAKE DOWN / EMERGENCY HANDCUFFING <input type="checkbox"/>		OC CHEMICAL WEAPON <input type="checkbox"/>		CANINE <input type="checkbox"/>		TASER (Probe Discharge) <input type="checkbox"/>		TASER (Contact Stun) <input type="checkbox"/>		TASER (Laser Targeted) <input type="checkbox"/>		TASER (Spark Displayed) <input type="checkbox"/>		OTHER <b>[REDACTED]</b>		ELBOW STRIKE <input type="checkbox"/>		CLOSED HAND STRIKE/PUNCH <input type="checkbox"/>		IMPACT WEAPON (Describe in Box 40) <input type="checkbox"/>		OTHER <b>MOVEMENT AND COVER</b>		KNEE STRIKE <input type="checkbox"/>		KICKS <input type="checkbox"/>		IMPACT MUNITION (Describe in Box 40) <input type="checkbox"/>		FIREARM <input checked="" type="checkbox"/>	
70. EVENT NO. <b>1415719305</b>		39. <input type="checkbox"/> DNA		40. <input type="checkbox"/> DNA		40. ADDITIONAL INFORMATION <b>OFFENDERS WEAPON IS A 9MM SEMIAUTOMATIC HANDGUN. THE NUMBER OF ROUNDS DISCHARGED BY THE OFFICER IS AN ESTIMATE. THE ACTUAL NUMBER WILL BE DETERMINED BY THE FORENSIC SERVICES SECTION UPON INSPECTION OF THE OFFICERS WEAPON.</b>		POSITION <b>[REDACTED]</b>		STAR NO. <b>[REDACTED]</b>		UNIT <b>[REDACTED]</b>		41. WEAPON TYPE <input checked="" type="checkbox"/> 04 SEMI-AUTO PISTOL <input type="checkbox"/> 01 REVOLVER <input type="checkbox"/> 05 CHEMICAL WEAPON <input type="checkbox"/> 02 RIFLE <input type="checkbox"/> 06 TASER (Probe Discharge) <input type="checkbox"/> 03 SHOTGUN <input type="checkbox"/> 07 OTHER		42. INCIDENT OCCURRED <input type="checkbox"/> Indoors <input checked="" type="checkbox"/> Outdoors		43. LIGHTING CONDITIONS <input type="checkbox"/> 01 Daylight <input type="checkbox"/> 02 Night <input type="checkbox"/> 03 Dawn <input type="checkbox"/> 04 Dusk <input type="checkbox"/> 05 Poor Artificial <input checked="" type="checkbox"/> 06 Good Artificial		44. WEATHER CONDITIONS <b>CLEAR</b>		45. MAKE/MANUFACTURER <b>GLOCK, INC.-AU-</b>		46. MODEL <b>22</b>		47. BARREL LENGTH <b>4.5</b>		48. CALIBER/GAUGE <b>40 S&amp;W</b>																									
		49. TASER DART ID NO. <b>[REDACTED]</b>		50. WEAPON SERIAL No. (Include Letters) <b>LAR179</b>		51. CHICAGO GUN REG. NO. <b>R003846S</b>		52. IL FIREARM OWNER ID. NO. <b>[REDACTED]</b>		53. HANDGUN CERTIFICATE NO. <b>[REDACTED]</b>		54. SPECIAL WEAPON CERTIFICATE NO. <b>[REDACTED]</b>		55. PROPERTY INVENTORY NO. <b>[REDACTED]</b>		56. TYPE OF AMMUNITION USED <b>40 CALIBER</b>		57. NO. OF WEAPONS DISCHARGED BY THIS MEMBER <b>1</b>		58. TOTAL NO. OF SHOTS MEMBER FIRED <b>4</b>		59. WHO FIRED FIRST SHOT <input type="checkbox"/> 03 OTHER (SPECIFY) <input type="checkbox"/> 01 MEMBER <input checked="" type="checkbox"/> 02 OFFENDER		60. WAS FIREARM RELOADED DURING INCIDENT <input type="checkbox"/> 01 YES <input checked="" type="checkbox"/> 02 NO		61. NO. OF CATRIDGES/SHOT SHELLS RELOADED <b>0</b>		62. HOW WAS MEMBER'S HANDGUN WORN <input type="checkbox"/> 03 OTHER (Specify) <input checked="" type="checkbox"/> 01 RT. SIDE (WAIST) <input type="checkbox"/> 02 LT. SIDE (WAIST)		63. HOW WAS MEMBER'S HANDGUN DRAWN <input type="checkbox"/> 03 OTHER (Specify) <input checked="" type="checkbox"/> 01 STRONG SIDE DRAW <input type="checkbox"/> 02 CROSS DRAW		64. SPECIFY METHOD/EQUIPMENT USED TO RELOAD <b>[REDACTED]</b>		65. DID MEMBER USE SIGHTS <input checked="" type="checkbox"/> 01 YES <input type="checkbox"/> 02 NO																			
SIGNATURES		66. DESCRIBE PROTECTIVE COVER USED (LIGHT POLES, DOORWAYS, CAR, FURNITURE, ETC) <b>TREE</b>		67. DISTANCE BETWEEN INVOLVED MEMBER & OFFENDER WHEN FIRST SHOT WAS FIRED <input type="checkbox"/> 01 0 - 05 FT. <input type="checkbox"/> 02 05 - 10 FT. <input type="checkbox"/> 03 10 - 15 FT. <input checked="" type="checkbox"/> 04 OVER 15 FT.		68. PERSON/OBJECT STRUCK AS RESULT OF THE DISCHARGE OF MEMBERS WEAPON <input type="checkbox"/> 01 PERSON <input type="checkbox"/> 02 OBJECT <input checked="" type="checkbox"/> 03 BOTH <input type="checkbox"/> 04 UNKNOWN		69. POSITION OF MEMBER DISCHARGING WEAPON <input type="checkbox"/> 01 STANDING <input type="checkbox"/> 02 LYING DOWN <input type="checkbox"/> 03 SITTING <input checked="" type="checkbox"/> 04 KNEELING <input type="checkbox"/> 05 OTHER (SPECIFY)		71. R.D. NO. <b>HX293212</b>																																											
		72. NOTIFICATIONS (OC OR TASER INCIDENT): <input type="checkbox"/> OEMC <input checked="" type="checkbox"/> DESK SGT. & W.C./DIST. OF OCCUR.		NOTIFICATIONS (FIREARM INCIDENT): <input checked="" type="checkbox"/> OEMC <input checked="" type="checkbox"/> DESK SGT. & W.C./DIST. OF OCCUR. <input checked="" type="checkbox"/> OP COMMAND <input checked="" type="checkbox"/> DET. DIV.		Members will ensure that all required notifications and all witnesses to this use of force are documented in the appropriate case report.		73. REPORTING MEMBER (Print Name) <b>BENTLEY, JOEL A</b>		STAR/EMPLOYEE NO. <b>13297</b>		SIGNATURE <b>[REDACTED]</b>																																									
74. DATE OF INCIDENT <b>07-JUN-2014 08:07:56</b>		74. REVIEWING SUPERVISOR (Print Name) <b>DARLIN, RANDALL L</b>		STAR NO. <b>199</b>		SIGNATURE <b>[REDACTED]</b>		DATE REVIEWED <b>07-JUN-2014 08:24:30</b>		TIME <b>07-JUN-2014 08:24:30</b>																																											
		75. REVIEWING SUPERVISOR (Print Name) <b>[REDACTED]</b>		STAR NO. <b>[REDACTED]</b>		SIGNATURE <b>[REDACTED]</b>		DATE REVIEWED <b>07-JUN-2014 08:24:30</b>		TIME <b>07-JUN-2014 08:24:30</b>																																											

SUBJECT  
INFORMATION

36. CHARGES PLACED

☐ DNA

720 ILCS 5.0/9-1-A-1, 720 ILCS 5.0/9-1-A-1, 720 ILCS 5.0/9-1-A-1, 720 ILCS  
5.0/9-1-A-1, 720 ILCS 5.0/9-1-A-1, 720 ILCS 5.0/12-2-A-16, 720 ILCS 5.0/12-2-A-  
16, 720 ILCS 5.0/12-2-A-16, 720 ILCS 5.0/12-2-A-16, 720 ILCS 5.0/12-2-A-16, 720  
ILCS 5.0/12-3.05-D-4, 720 ILCS 5.0/12-3.05-D-4

Log# 1069651

Attachment# 14

## WATCH COMMANDER/OCIC REVIEW

THE WATCH COMMANDER WILL COMPLETE THE REVIEW SECTION FOR 1.) ALL INCIDENTS THAT DID NOT INVOLVE THE DISCHARGE OF A FIREARM; 2.) FIREARM DISCHARGE INCIDENTS INVOLVING THE DESTRUCTION OF AN ANIMAL OR; 3.) ACCIDENTAL DISCHARGE OF A FIREARM NOT RESULTING IN AN INJURY TO ANY PERSON.

THE ADS WILL COMPLETE THE REVIEW SECTION FOR ALL INCIDENTS INVOLVING; 1.) THE DISCHARGE OF A FIREARM OR IMPACT MUNITIONS BY OR AT A DEPARTMENT MEMBER EXCEPT FOR AN ANIMAL DESTRUCTION OR AN ACCIDENTAL DISCHARGE THAT DOES NOT RESULT IN AN INJURY TO ANY PERSON; 2.) MEMBER'S USE OF FORCE BY WHATEVER MEANS THAT RESULTS IN THE DEATH OF A PERSON; 3.) ANY LESSER USE OF FORCE BY A DEPARTMENT MEMBER WHEN THAT USE OF FORCE STEMS FROM THE SAME INCIDENT DESCRIBED HERE IN 1 OR 2.

### 75. SUBJECT'S STATEMENT REGARDING THE USE OF FORCE

☐ DNA

☐ REFUSED

☐ UNABLE TO INTERVIEW (Specify Reason)

Subject related that [REDACTED] were stopped by police. [REDACTED] related that [REDACTED] knew they were police because the truck had "M" plates and they had their emergency lights on. [REDACTED] related that all of a sudden, all this gunfire started and that [REDACTED] tried to get down. When asked why [REDACTED] was shooting, [REDACTED] responded, "I don't know why."

### 76. WATCH COMMANDER/OCIC RATIONALE FOR BOX 77 FINDING

Based on what is known at this time, a preliminary determination has been made that the discharges by P.O. Joel Bently fall within department guidelines in that Officer Bently, while in fear of his life while facing live gunfire from an armed assailant who just shot a fellow officer, fired his weapon in order to end the threat to his life and the life of his fellow officers.

### 77. WATCH COMMANDER/OCIC FINDING BASED UPON CURRENTLY AVAILABLE INFORMATION:

☒ I HAVE CONCLUDED THAT THE MEMBER'S ACTIONS WERE IN COMPLIANCE WITH DEPARTMENT PROCEDURES AND DIRECTIVES.

☐ I HAVE CONCLUDED THAT FURTHER INVESTIGATION IS REQUIRED.

LOG NO./CRNO. 1069651 OBTAINED

### 78. WATCH COMMANDER/OCIC (Print Name)

VELEZ, CARLOS E

### SIGNATURE

[REDACTED]

### DATE COMPLETED

### TIME

07-JUN-2014 10:42:24

### 79. DISTRIBUTION OF ORIGINAL TRR:

A TRR PACKET, INCLUDING THE TRR AND COPIES OF THE BELOW LISTED ATTACHMENTS WILL BE FORWARDED TO THE OFFICE OF PROFESSIONAL STANDARDS.

### ATTACHMENTS - PHOTOCOPIES OF:

☐ SUPPLEMENTARY REPORT

☐ I.O.D. REPORT

☐ CASE REPORT

☒ OFFICER BATTERY REPORT

☐ CR INITIATION REPORT

☐ ARREST REPORT

☐ TO-FROM-SUBJECT REPORTS FROM DEPARTMENT WITNESS(ES)

### 80. TOTAL TRR's THIS EVENT No

4

Log# 1069651

Attachment# 14